

**Department of Aging/Licensing Division**  
**Finance Check Processing Label**

**Explanation:** This form is for day center to complete in order for the Department to facilitate processing of fees associated with the issuance of licenses. This process will help finance to identify and assign checks to the proper Older Adult Daily Living Center, and to avoid returning checks due to expirations. Please complete the form and follow the numbered steps:

1. The center will complete the entire form.
2. The completed form, including check will first be scanned and emailed to your regional licensing representative for review and approval prior to mailing.
3. After the regional licensing representative reviews the form for the required information, they will inform you whether the form can be mailed to Harrisburg or require revisions.
4. The check and this label form will be mailed to the address below to facilitate processing. Please direct questions to your regional licensing representative.

**Facility Name:**

Legal Entity Name:

Day Center License#:

Check/Money Order#:

Check/Money Order Amt:

Check/Money Order Expiration Date: Click or tap to enter a date.

**License Type:**

Regular:

Interim:

Provisional:

Standard:

LIFE:

Dual:

Staff Contact Name for Check Issues:

Provider Contact Number to Address Check Issues:

**Due to the pandemic, we are requesting that providers complete this form, and mail the checks to the address below so there is no delay in processing.**

**Checks will be mailed to:**

The PA Department of Aging

c/o The Bureau of Financial Operations

555 Walnut St. 5th Floor

Harrisburg, PA 17101-1919